

**LICENSE NUMBER 1309**

*Child's Name:*

**NOTE TO PARENT(S) OR GUARDIAN(S):** The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at: [https://nhpublichealth.force.com/nhccis/NH\\_ChildCareSearch](https://nhpublichealth.force.com/nhccis/NH_ChildCareSearch) or by calling the unit at 603-271-9025; or 1-800-852-3345 ext. 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. Please indicate whether licensing staff may speak with your child while they are with their class or group:

I give permission for child care licensing staff to speak with my child while with their class or group.

I **do not** give my permission for child care licensing staff to speak with my child while with their class or group.

If licensing staff believes your child may have specific information regarding an alleged event at the program and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

I **do not** give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

PLEASE SEE NEXT PAGE FOR SIGNATURE(S)

**DCCCC PROGRAM PERMISSIONS**

**PERTAINING DIRECTILY TO DCCCC:**

I give permission for my child to participate in walking trips, under the supervision of DCCCC staff and parents. These local explorations may be spontaneous and could include water play for children over two years of age.

My child may participate as a play partner in physical, occupational, or speech and language therapy activities with other children who receive therapy at DCCCC. The activities are play-based. Children usually look forward to the opportunity to do a special activity, but their participation is entirely voluntary. Activities may be held in the whole group or small groups in the classroom or elsewhere in the Center.

I give permission for DCCCC to apply topical ointments such as sunscreen and diaper ointment to my child.

I give permission for my child and family members to be photographed while attending DCCCC. Photos are sometimes published or displayed at the center, in newsletters, and on the DCCCC website.

I give permission for my/our phone number and address to be released to DCCCC parents and prospective families.

In the preschool program, I give permission for DCCCC to exchange routine information with the staff of my child's public school.

PARENT/GUARDIAN ACKNOWLEDGEMENT: I/We have received, understand, and agree to DCCCC's program permissions listed above.

\_\_\_\_\_ *Parent/Guardian Signature*

\_\_\_\_\_ *Date*

<b>ANNUAL UPDATE: Make necessary changes &amp; initial &amp; date below to verify that the information is current.</b>			
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date: